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FACSIMILE COVER LETTER

To:	Commissioner for Patents
	Examiner Vincent F. Boccio
Firm:	U.S. Patent and Trademark Office
	Art Unit 2616
Facsimile:	(703) 872-9306
From:	Thomas F. Presson
Date:	June 22, 2005
Re:	FLH Ref No.: 450100-02879
	Serial No: 09/731,994

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Number of Pages: 12
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I

00291706

PATENT
450100-02879

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant	:	Yasumasa Kodama
Serial No.	:	09/731,994
Filed	:	December 7, 2000
For	:	DATA RECORDING AND REPRODUCING APPARATUS AND DATA RECORDING AND REPRODUCING METHOD
Examiner	:	Boccio, Vincent F.
Art Unit	:	2616

745 Fifth Avenue
New York, NY 10151
Tel: 212-588-0800

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	10	Minus	** = 10	* 0 x	$50 (25)	= $ 0
Independent claims	2	Minus	*** = 2	* 0 x	$200 (100)	= $ 0
			Total additional fee for this amendment			$ 0

*   If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
**   If the highest number of total claims previously paid for is less than 20, write "20" in this space.
*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

☐ This application contains a multiple dependent claim. The required fee of $300 (150) has been previously paid ☐, or is paid herewith ☐.

☐ This response is being filed within the ___ month following the expiration of the term originally set therefor. This is a petition to request a ___ month extension of time. A check covering the cost of the petition is enclosed.

☐ A check in the amount of $_____ is attached, which covers the cost of ☐ additional claims x petition for extension of time.

☐ Charge $_____ to Deposit Account No. 50-0320.

☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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I hereby certify that this paper is being facsimile transmitted to the Patent and Trademark Office, 703-872-9306, on June 22, 2005.

DeAndre Breeland

Type or print name of person signing certification

Signature

June 22, 2005

Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicants
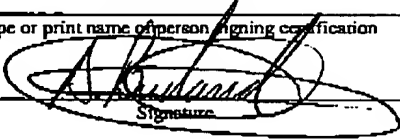
By: _____
Thomas F. Presson
Reg. No. 41, 442

PATENT
450100-02879

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant	:	Yasumasa Kodama
Serial No.	:	09/731,994
Filed	:	December 7, 2000
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Examiner	:	Boccio, Vincent F.
Art Unit	:	2616
Confirmation No.	:	1585

745 Fifth Avenue
New York, NY 10151

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DeAndre Breeland
_____
Type or print name of person signing certification

_____
Signature

June 22, 2005
_____
Date of Signature

AMENDMENT UNDER 37 C.F.R. § 1.121

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action mailed on March 22, 2005, having a three-month statutory period for response set to expire on June 22, 2005, please amend the above-identified application as follows.

Amendments to the Claims are reflected in the listing of claims which begins on page 3 of this paper.

Remarks/Arguments begin on page 8 of this paper.

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